

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER  004 - 077	2. PERIOD COVERED MO DAY YEAR From 04 01 2002 Through 03 31 2003	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name MARK Last Name HEMPHILL P.O. Box - Building and Room Number (if any) PO BOX 746 Number and Street 521 SE 10TH STREET City NEWTON State ZIP Code + 4 KS 67114 - 0746		
4. AFFILIATION OR ORGANIZATION NAME MAINTENANCE OF WAY EMPLS AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) SF		6. DESIGNATION NUMBER	
7. UNIT NAME (if any) ATCHISON, TOPEKA & SANTA FE SYSTEM			
9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>[Signature]</u> 6/13/03 Date 316-283-1470 Telephone Number	GENERAL CHAIRMAN (If other title, see instructions.)	77. SIGNED: <u>[Signature]</u> June 13, 2003 Date 316-283-1470 Telephone Number	TREASURER (If other title, see instructions.)
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**During the Reporting Period Did Your Organization:**

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Have a political action committee (PAC) fund? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 1 3 7

19. What is the date of your organization's next regular election of officers? MO 1 0 YEAR 2 0 0 6

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 3 0 5 0 0 0

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 55.25 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 100.00
(c) Transfer Fees	\$ NONE
(d) Work Permits	\$ NONE per N/A (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 004 - 077

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....	1	4 9 4 5 0 9	3 6 7 5 1 2
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		2 8 0 6 1 8	3 5 4 0 5 5
	29. Investments.....	2	1 1 9 5 4 9 2	8 9 4 5 9 6
	30. Fixed Assets.....	5	9 5 8 0 2	1 0 2 2 2 3
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		2 0 6 6 4 2 1	1 7 1 8 3 8 6
LIABILITIES	33. Accounts Payable.....	8	0	0
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....		4	3 4
	37. TOTAL LIABILITIES.....		3 4	0
	38. NET ASSETS (Item 32 less Item 37).....		2 0 6 6 3 8 7	1 7 1 8 3 8 6

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 004 - 077

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			6 8 4 7 0 5	56. To Officers.....	9		2 9 9 6 0 5
40. Per Capita Tax.....			0	57. To Employees.....	10		7 7 4 2 5
41. Fees.....			8 9 9	58. Per Capita Tax.....			0
42. Fines.....			0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments.....			0	60. Office & Administrative Expense....	13		6 5 4 6 5
44. Work Permits.....			0	61. Educational & Publicity Expense...			0
45. Sale of Supplies.....			0	62. Professional Fees.....			1 4 4 7 4
46. Interest.....			4 8 4 1 0	63. Benefits.....	11		1 8 9 4 1 1
47. Dividends.....			2 0 3 1 7	64. Contributions, Gifts & Grants.....	12		0
48. Rents.....			0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		7 0 3 5 4 5	66. Direct Taxes.....			8 5 7 8 3
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			1 0 6 9 5 2
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		7 1 5 7 4 2
52. On Behalf of Affiliates for Transmittal to Them.....			7 9 1 5	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf.....			0	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		8 7 1 2	71. To Affiliates of Funds Collected on Their Behalf.....			8 0 0 3
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		3 8 6 4 0
55. TOTAL RECEIPTS.....			1 4 7 4 5 0 3	74. TOTAL DISBURSEMENTS .....			1 6 0 1 5 0 0

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

## SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages ( <i>if any</i> )					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

# **SCHEDULE 2 - INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 004 - 077

# **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	9 7 5 1 1 9
2. Total Book Value	8 9 4 5 9 6
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	8 9 4 5 9 6
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 31, Column (B)	

# **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 004 - 077

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 521 SE 10TH ST, NEWTON KANSAS	1 5 0 0 0		1 5 0 0 0	1 5 0 0 0
2. Totals from additional pages (if any)				
3. Buildings (give location): 521 SE 10TH ST, NEWTON, KANSAS	3 7 7 8 7	0	3 7 7 8 7	3 7 7 8 7
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	4 9 4 3 6	0	4 9 4 3 6	4 9 4 3 6
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 0 2 2 2 3	0	1 0 2 2 2 3	1 0 2 2 2 3
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. MARKETABLE SECURITIES	12 886 53	12 886 53	1 131 020	1 131 020
2. US TREASURY SECURITIES	3 004 92	3 004 92	3 146 92	3 146 92
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	15 891 45	15 891 45	14 457 12	14 457 12
	7. Less Reinvestments			742 167
	8. Net Sales			7 035 45
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 004 - 077

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. MARKETABLE SECURITIES	1068280	1068280	1068280
2. US TREASURY SECURITIES	373929	373929	373929
3. OFFICE EQUIPMENT	15700	15700	15700
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1457909	1457909	1457909
	7. Less Reinvestments		742167
	8. Net Purchases		715742
The total from Line 8 is entered in ..... Item 68			

# SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 004 - 077

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. HEMPHILL M GENERAL CHRMN	C	7 7 6 6 6	0	2 6 8 3 3	0	1 0 4 4 9 9
2. WHEELER T VICE GC/SEC-TR	P	5 9 7 3	0	5 6 2	0	6 5 3 5
3. MARQUARI G VICE GC/SEC-TR	C	6 6 3 7 9	0	8 7 7 6 8	0	1 5 4 1 4 7
4. SHARP R ASST GEN CHRMN	N	4 1 2 2 4	0	8 1 0 3	0	4 9 3 2 7
5. DAVIS R ASST GEN CHRMN	C	6 1 1 6 4	0	2 0 7 5 2	0	8 1 9 1 6
6. CAREY R EXECUTIVE COMM	P	0	0	0	0	0
7. HAISTON J EXECUTIVE COMM	P	0	0	1 9 5 7	0	1 9 5 7
8. Totals from additional pages (if any)		6 3 8 5	0	4 4 4 7	0	1 0 8 3 2
9. Totals of Lines 1 through 8		2 5 8 7 9 1	0	1 5 0 4 2 2	0	4 0 9 2 1 3
				10. Less Deductions		1 0 9 6 0 8
The total from Line 11 is entered in ..... Item 56				11. Net Disbursements		2 9 9 6 0 5

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 004 - 077

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(If applicable)</small>					
SMITH S 1. SECRETARY	3 6 4 2 0	0	7 2 0	0	3 7 1 4 0
WIEMERSLAGE B 2. SECRETARY	3 6 4 2 0	0	0	0	3 6 4 2 0
WILSON D 3. SECRETARY	2 0 4 7	0	0	0	2 0 4 7
4.					
5.					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	1 9 6 7 8	0	1 6 5 0 8	0	3 6 1 8 6
8. Totals of Lines 1 through 7	9 4 5 6 5	0	1 7 2 2 8	0	1 1 1 7 9 3
9. Less Deductions			3 4 3 6 8		
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements 7 7 4 2 5		

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 0 4 - 0 7 7

Description (A)	To Whom Paid (B)	Amount (C)
1. MEDICAL, SURGICAL, HOSPITAL & LIFE	UNITED HEALTHCARE	1 3 6 9 9 0
2. DENTAL INSURANCE	TRUSTMARK INSURANCE CO.	1 1 5 5 3
3. DISABILITY INSURANCE	TRUSTMARK INSURANCE CO.	4 1 0 0
4. ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE	LIFE INS. CO. OF N. AMER.	3 5 2
5. Total from additional pages (if any)		3 6 4 1 6
6. Total of Lines 1 through 5		1 8 9 4 1 1
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. None	0
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	0
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. PERSONAL PROPERTY TAX	1 4 3
2. TELEPHONE	2 0 1 0 6
3. POSTAGE	1 1 9 0 2
4. SHIPPING EXPENSE	1 0 2 4
5. SUPPLIES	3 7 5 4
6. PRINTING	5 7 9 9
7. Total from additional pages (if any)	2 2 7 3 7
8. Total of Lines 1 through 7	6 5 4 6 5
The total from Line 8 is entered in ..... Item 60	

# **SCHEDULE 14 - OTHER RECEIPTS**

Description (A)	Amount (B)
1. ALLOCATED ALLOWANCE (INT'L HQ)	2 2 1 4
2. TRANSFERRED FROM SYSTEM LODGE	3 0 0 4
3. HALL RENT REIMBURSEMENT	4 8 0
4. POSTAGE REIMB FROM LOCAL LODGES	2 2 1 7
5. G MARQUART & R SARE EXP. REIMB.	7 9 7
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	8 7 1 2
The total from Line 17 is entered in ..... Item 54	

# **SCHEDULE 15 - OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. FOREIGN TAX WITHHELD	5 3
2. PAYROLL DEDUC - PENSION	3 4 8 0 2
3. PAYROLL DEDUC - UNION DUES	1 4 5 9
4. PAYROLL DEDUC - MWPL	7 6 3
5. FLOWERS	9 8
6. T. WHEELER RELOCATION EXPENSE	3 7 5
7. DECALS	2 0
8. CABLE TELEVISION FEES	5 2 6
9. STORAGE UNIT ANNUAL FEE	4 6 8
10. SOUTHERN PACIFIC EXPENSE REIMB.	7 6
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 8 6 4 0
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 0 0 4 - 0 7 7

ENDING DATE OF PERIOD COVERED:  
03/31/2003

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
MATEEN R EXECUTIVE COMM	C	1 6 7 2	0	1 1 6 8	0	2 8 4 0
POOLE M EXECUTIVE COMM	N	1 2 6 9	0	8 4 2	0	2 1 1 1
GARCIA C EXECUTIVE COMM	N	9 0 6	0	2 4 5	0	1 1 5 1
RAMIREZ R EXECUTIVE COMM	N	9 0 6	0	9 0 3	0	1 8 0 9
VENTURI A EXECUTIVE COMM	P	1 6 3 2	0	1 2 8 9	0	2 9 2 1

MAINTENANCE OF WAY EMPLS AFL-CIO

03/31/2003

FILE NUMBER: 004 - 077

[illegible]

ORGANIZATION NAME:  
**MAINTENANCE OF WAY EMPLS AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**03/31/2003**

FILE NUMBER: **0 0 4 - 0 7 7**

## **SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE** *(continued)*

Description (A)	Amount (B)
ELECTRICITY	2 6 4 0
MEMBERSHIP DUES & FEES	4 3 3
WATER	4 1 3
OFFICE PROPERTY INSURANCE	2 1 1 6
SOFTWARE EXPENSE	6 7 1
EQUIPMENT LEASING	3 5 4 3
EQUIPMENT MAINTENANCE	2 0 6 3
WORKMEN'S COMP PREMIUM	1 5 6 9
SEMINAR / MEETING EXPENSE	5 1 0 1
SURETY BOND PREMIUM	2 2 7 5
OFFICE CLEANING	1 2 0 0
BUILDING MAINTENANCE	7 1 3

ORGANIZATION NAME:

MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 0 0 4 - 0 7 7

ENDING DATE OF PERIOD COVERED:

03/31/2003

## 75. ADDITIONAL INFORMATION

Item Number

9

BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYES, SUITE 200, 26555 EVERGREEN ROAD, SOUTHFIELD, MI 48076-4225.



ORGANIZATION NAME:

MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 0 0 4 - 0 7 7

ENDING DATE OF PERIOD COVERED:

03/31/2003

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
11	BROTHERHOOD OF MAINTENANCE OF WAY EMPLOYEES - ATCHISON, TOPEKA & SANTA FE SYSTEM FEDERATION SIMPLIFIED EMPLOYEE PENSION PLAN, SUITE 200, 26555 EVERGREEN ROAD, SOUTHFIELD, MICHIGAN 48076-4225.

ORGANIZATION NAME:

MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 004 - 077

ENDING DATE OF PERIOD COVERED:

03/31/2003

## 75. ADDITIONAL INFORMATION(continued)

Item Number	
13	FIXED ASSETS REDUCED BY EQUIPMENT DISCARDED FOR WHICH NO VALUE WAS RECEIVED AS FOLLOWS; A XEROX COPIER WITH A BOOK VALUE OF \$1,880. (6) 100 MEGAHERTZ COMPUTER SYSTEMS WITH A BOOK VALUE OF \$6,849. (2) NOBLEVIEW 17 INCH COLOR MONITORS WITH A BOOK VALUE OF \$550.

ORGANIZATION NAME:

MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 004 - 077

ENDING DATE OF PERIOD COVERED:

03/31/2003

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
22	THE ONLY CHANGES IN OUR GOVERNING RULES WERE IN UNIFORM CONSTITUTIONS PRESCRIBED BY OUR GRAND LODGE AND THIS ORGANIZATION. THIS ORGANIZATION AND THE GRAND LODGE ARE FILING THE REQUIRED NUMBER OF COPIES OF THEIR RESPECTIVE CONSTITUTION & BY-LAWS. THERE HAVE BEEN NO CHANGES IN THE PRACTICES DESCRIBED IN THE LATEST STATEMENTS SUBMITTED WITH FORMS LM-1. THE GRAND LODGE LM FILE NUMBER IS 000-062.

ORGANIZATION NAME:

MAINTENANCE OF WAY EMPLS AFL-CIO

ENDING DATE OF PERIOD COVERED:

03/31/2003

FILE NUMBER: 0 0 4 - 0 7 7

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number

25

\$417,656 IN ITEM 25, COLUMN (A) AND \$315,847 IN ITEM 25, COLUMN (B) WERE ON DEPOSIT AT THE INTERNATIONAL HEADQUARTERS.

ORGANIZATION NAME:

MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 0 0 4 - 0 7 7

ENDING DATE OF PERIOD COVERED:

03/31/2003

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
74	\$1,589,003 IN EXPENSES WERE PAID BY THE INTERNATIONAL HEADQUARTERS FOR THE SYSTEM. \$12,497 WAS PAID FROM THE ACCOUNT AT THE SYSTEM.

ORGANIZATION NAME:

MAINTENANCE OF WAY EMPLS AFL-CIO

FILE NUMBER: 0 0 4 - 0 7 7

ENDING DATE OF PERIOD COVERED:

03/31/2003

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
75	ALL FINANCIAL TRANSACTIONS ATTRIBUTABLE TO THE SYSTEM WERE HANDLED THROUGH THE INTERNATIONAL HEADQUARTERS' BOOKS BECAUSE THE INTERNATIONAL HEADQUARTERS MAINTAINS A CONSOLIDATED ACCOUNTING SYSTEM. \$681,233 IN DUES WERE ACTUALLY COLLECTED BY THE INTERNATIONAL HEADQUARTERS FOR THE SYSTEM.

ORGANIZATION NAME:

MAINTENANCE OF WAY EMPLS AFL-CIO

ENDING DATE OF PERIOD COVERED:

03/31/2003

FILE NUMBER: 004 - 077

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number 76	GENERAL CHAIRMAN IS THE PRINCIPAL OFFICER OF THIS ORGANIZATION.
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